

# Combating Auto Insurance Fraud

**I**nsurance fraud, simply put, is lying to an insurance company to get money. There are several types of auto insurance fraud:

- “Padding” a claim, faking an injury or giving other false information following a “real” accident.
- Filing multiple claims on a single accident.
- Filing a claim on an auto accident that never happened – sometimes called a “ghost hit and run” or “paper accident.”
- Falsely claiming to be a passenger in a car during an accident and filing an injury claim. This is called a “jump-in” accident.
- Staging an accident with an accomplice or accomplices.
- Deliberately causing an accident involving an innocent driver. Some variations are:
  - The “T-bone” accident, where the crooks wait at an intersection to hit the target car from the side. “Witnesses” are standing by to swear the victim ran a stop sign or red light.
  - The “swoop and squat” or “stop and squat” where the perpetrators deliberately cause a rear-end collision.



You can help combat auto fraud by taking these actions:

- ✓ Avoid being a target — don’t tailgate and keep your vehicle from drifting into another lane, especially when there are two left-turning lanes.
- ✓ Stay alert at intersections.
- ✓ Don’t signal you have insurance by putting an insurance company decal or sticker on your car.
- ✓ Contact the police if you are involved in an accident even if it’s minor.
- ✓ Write down detailed information including names and addresses of those involved, license numbers, insurance company information, and the *number* of passengers in the other cars. (See Page 2.)
- ✓ Call your insurance company immediately if you are involved in an accident.
- ✓ Report any attempts to involve you in a scam.
- ✓ Contact the police if you witness an accident.

## Division of Insurance Fraud Investigation Kentucky Department of Insurance



P.O. Box 4050, Frankfort, KY 40604-4050  
Phone: (502) 564-1461 TTY (deaf/hard-of-hearing): 1-800-462-2081  
Outside Frankfort: 1-800-595-6053  
<http://doi.ppr.ky.gov/kentucky/>



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# Information you should gather after an accident

Date & time of the accident \_\_\_\_\_ Location \_\_\_\_\_

Police dept. responding \_\_\_\_\_ Officer's name & phone # \_\_\_\_\_

Case number \_\_\_\_\_ Tickets issued \_\_\_\_\_

## OWNER & DRIVER OF OTHER VEHICLE

Owner of vehicle: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy # \_\_\_\_\_

Agent's name \_\_\_\_\_

Vehicle year, make & model \_\_\_\_\_

Vehicle ID \_\_\_\_\_

License plate #: \_\_\_\_\_

Driver of vehicle: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Driver's license #: \_\_\_\_\_

Injuries \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy # \_\_\_\_\_

Agent's name \_\_\_\_\_

## PASSENGERS

Number of passengers in other vehicle: \_\_\_\_\_

Passenger (other vehicle): \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Injuries \_\_\_\_\_

Passenger (your vehicle): \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Injuries \_\_\_\_\_

Passenger (other vehicle): \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Injuries \_\_\_\_\_

Passenger (your vehicle): \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Injuries \_\_\_\_\_

Passenger (other vehicle): \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Injuries \_\_\_\_\_

Passenger (your vehicle): \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Injuries \_\_\_\_\_

## INDEPENDENT WITNESSES

Witness: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Witness: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_